NEVADA BANK & TRUST
COMMERCIAL LOAN APPLICATION

INFORMATION REGARDING APPLICANT				
BUSINESS NAME				
STREET ADDRESS (REQUIRED)	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS)	CITY	STATE	ZIP CODE	BUSINESS FAX NUMBER
TAX ID NUMBER	YEAR ESTABLISHED	STATE	CONTACT NAME	
TYPE OF ENTITY: ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP ☐ LLC ☐ INDIVIDUAL ☐ TRUST ☐ ASSOCIATION ☐ NON-PROFIT				
BUSINESS YEAR END	NATURE OF BUSINESS			
IF INDIVIDUAL, NAME AND PHONE NUMBER OF EMPLOYER				

LOAN REQUEST	
LOAN AMOUNT REQUESTED	☐ NEW LOAN ☐ RENEW/INCREASE EXISTING LOAN
PURPOSE OF LOAN	
TERMS	
COLLATERAL OFFERED	
COLLATERAL OWNER (IF DIFFERENT THAN BORROWER)	
VALUE OF COLLATERAL	SOURCE
AMOUNT OF OTHER LIENS	LIEN HOLDER NAME
INSURANCE COMPANY/AGENT	PHONE NUMBER
POLICY DATES	TYPE OF COVERAGE

GUARANTOR / CO-MAKER INFORMATION				
NAME	TAX ID NUMBER		EMAIL	
STREET ADDRESS (REQUIRED)	CITY	STATE	ZIP CODE	PHONE NUMBER
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	CITY	STATE	ZIP CODE	FAX NUMBER
NAME	TAX ID NUMBER		EMAIL	
STREET ADDRESS (REQUIRED)	CITY	STATE	ZIP CODE	PHONE NUMBER
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	CITY	STATE	ZIP CODE	FAX NUMBER
☐ IF CHECKED, ADDITIONAL GUARANTOR / CO-MAKER'S INFORMATION IS ATTACHED TO THIS APPLICATION				

FINANCIAL INFORMATION
DO YOU HAVE ANY JUDGMENTS OR SUITS FILED AGAINST YOU? ☐ YES ☐ NO, IF YES, EXPLAIN (ATTACH SEPARATE PAGE IF NECESSARY):
TAX RETURN FILED THROUGH WHAT DATE: _____, ARE ANY RETURNS BEING CONTESTED OR AUDITED? ☐ YES ☐ NO IF YES, EXPLAIN:
ACCOUNTANT OR ACCOUNT FIRM NAME AND CONTACT INFORMATION
NAMES(S) AND TITLE(S) OF PERSON(S) AUTHORIZED TO BORROW MONEY ON BEHALF OF THE BUSINESS

☐	CURRENT YTD BUSINESS FINANCIAL STATEMENT SUBMITTED WITH APPLICATION	DATE:
☐	CURRENT PERSONAL FINANCIAL STATEMENT SUBMITTED WITH APPLICATION	DATE:
☐	THREE (3) YEARS BUSINESS FINANCIAL STATEMENTS SUBMITTED WITH APPLICATION	DATE:
☐	THREE (3) YEARS BUSINESS TAX RETURNS SUBMITTED WITH APPLICATION	DATE:
☐	THREE (3) YEARS PERSONAL TAX RETURNS SUBMITTED WITH APPLICATION	DATE:

NOTICES

WERE YOUR GROSS ANNUAL REVENUES IN THE PREVIOUS FISCAL YEAR $1,000,000.00 OR LESS? ☐ YES ☐ NO

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDING THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT, THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDIT IS:

FDIC CONSUMER RESPONSE CENTER
1100 WALNUT STREET, BOX #11, KANSAS CITY, MO 64106

NOTICE: WE MAY ORDER AN APPRAISAL TO DETERMINE THE PROPERTY'S VALUE AND CHARGE YOU FOR THIS APPRAISAL. IF THE COLLATERAL WHICH WILL SECURE THIS LOAN IS A 1-4 FAMILY RESIDENCE, WE WILL PROMPTLY GIVE YOU A COPY OF ANY APPRAISAL, EVEN IF YOUR LOAN DOES NOT CLOSE. YOU CAN PAY FOR AN ADDITIONAL APPRAISAL FOR YOUR OWN USE AT YOUR OWN COST.

FOR ALL OTHER APPRAISALS, YOU MAY REQUEST A COPY OF THE APPRAISAL BY WRITING TO: NEVADA BANK AND TRUST CO., 976 IDAHO STREET, ELKO, NV 89801. YOUR WRITTEN REQUEST MUST CONTAIN: APPLICANT'S NAME, PROPERTY ADDRESS, BRANCH NAME WHERE APPLICATION WAS TAKEN, APPLICATION DATE, AND MAILING INSTRUCTION FOR THE COPY.

DECLARATIONS: PLEASE INDICATE WHETHER ANY OF THE FOLLOWING ARE DIRECTLY OR INDIRECTLY APPLICABLE TO THE BORROWING ENTITY, RELATED ENTITIES, OR ANY OF THE GUARANTORS WITHIN THE PAST SEVEN (7) YEARS. IF YES, PLEASE PROVIDE A DETAILED EXPLANATION ON A SEPARATE PAGE.

1. **JUDGMENT OR COLLECTION?** **[ ] YES [ ] NO**
2. **LAWSUIT?** **[ ] YES [ ] NO**
3. **BANKRUPTCY?** **[ ] YES [ ] NO**
4. **FORECLOSURE OR DEED IN LIEU OF FORECLOSURE?** **[ ] YES [ ] NO**
5. **REPOSSESSION?** **[ ] YES [ ] NO**
6. **30 DAY OR GREATER DELINQUENCY ON ANY DEBT?** **[ ] YES [ ] NO**

THIS INFORMATION AND THE INFORMATION PROVIDED ON ALL ACCOMPANYING FINANCIAL STATEMENTS AND SCHEDULES IS PROVIDED FOR THE PURPOSE OF OBTAINING CREDIT FOR THE APPLICANT(S) OR FOR THE PURPOSE OF APPLICANT(S) GUARANTEEING CREDIT FOR OTHERS. APPLICANT(S) ACKNOWLEDGE THAT REPRESENTATIONS MADE IN THIS STATEMENT WILL BE RELIED ON BY CREDITOR IN ITS DECISION TO GRANT SUCH CREDIT. THIS STATEMENT IS TRUE AND CORRECT IN EVERY DETAIL AND ACCURATELY REPRESENTS THE FINANCIAL CONDITION OF THE APPLICANT(S) ON THE DATE GIVEN BELOW. CREDITOR IS AUTHORIZED TO MAKE ALL INQUIRIES IT DEEMS NECESSARY, EITHER DIRECTLY OR THROUGH ANY AGENCY EMPLOYED BY LENDER FOR THAT PURPOSE, TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED HEREIN AND TO DETERMINE THE CREDITWORTHINESS OF THE APPLICANT(S). APPLICANT(S) WILL PROMPTLY NOTIFY CREDITOR OF ANY SUBSEQUENT CHANGES WHICH WOULD AFFECT THE ACCURACY OF THIS STATEMENT. CREDITOR IS FURTHER AUTHORIZED TO ANSWER ANY QUESTIONS ABOUT CREDITOR'S CREDIT EXPERIENCE WITH APPLICANT(S). APPLICANT(S) ARE AWARE THAT ANY KNOWING OR WILLFUL FALSE STATEMENTS REGARDING THE VALUE OF THE ABOVE PROPERTY FOR PURPOSES OF INFLUENCING THE ACTIONS OF CREDITOR CAN BE A VIOLATION OF FEDERAL LAW, 18 U.S.C. & 1014, AND MAY RESULT IN A FINE OR IMPRISONMENT OR BOTH.

BY SIGNING BELOW, EACH APPLICANT DECLARES THAT HE/SHE HAS READ AND UNDERSTANDS THE NOTICE SECTION ABOVE AND, IF APPLICABLE, HAS RECEIVED THE REGULATION B NOTIFICATION REGARDING DENIED CREDIT.

BY: _____ _____
(SIGNATURE AND TITLE) (DATE) (INDIVIDUAL/GUARANTOR)

BY: _____ _____
(SIGNATURE AND TITLE) (DATE) (INDIVIDUAL/GUARANTOR)

FOR BANK USE ONLY

DATE **COMPLETED** APPLICATION RECEIVED

BANK EMPLOYEE (PRINTED)	BRANCH

COMMENTS:

Additional Guarantors / Comakers for Commercial Loan

Loan Name: _____ Date: _____

Name: _____ Tax ID No.: _____
Physical Address: _____
Mailing Address: _____
Phone Numbers: Home: _____ Work: _____
Cell: _____ E-mail: _____

Name: _____ Tax ID No.: _____
Physical Address: _____
Mailing Address: _____
Phone Numbers: Home: _____ Work: _____
Cell: _____ E-mail: _____

Name: _____ Tax ID No.: _____
Physical Address: _____
Mailing Address: _____
Phone Numbers: Home: _____ Work: _____
Cell: _____ E-mail: _____

Name: _____ Tax ID No.: _____
Physical Address: _____
Mailing Address: _____
Phone Numbers: Home: _____ Work: _____
Cell: _____ E-mail: _____

Name: _____ Tax ID No.: _____
Physical Address: _____
Mailing Address: _____
Phone Numbers: Home: _____ Work: _____
Cell: _____ E-mail: _____

Name: _____ Tax ID No.: _____
Physical Address: _____
Mailing Address: _____
Phone Numbers: Home: _____ Work: _____
Cell: _____ E-mail: _____

By signing below, each Applicant declares that he/she has read and understands the Notice Section of the Commercial Loan Application of even date.

_____ _____

_____ _____

_____ _____

Customer Identification Program

Commercial – Loan Opening or Loan Change
Beneficial Ownership Addendum

Branch #: _____ Loan # assigned: _____

Business/Entity Name: _____

Type of Business:
- ☐ Corporation, LLC, Partnership, Sole Proprietorship, DBA – complete all
- ☐ Unincorporated Association – complete Natural Person and Section II
- ☐ Charity, Non-Profit – complete Natural Person and Section II
- ☐ Government Entity / Municipality – Natural Person

Natural Person

Name and Title of Natural Person Opening or Changing Loan:

Name: _____ Title: _____

Section I – Beneficial Owners

Please provide the following information for an individual(s), if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. **Check here ☐ if no individual meets this definition and complete Section II.**

1) Name: _____ SSN*: _____ DOB: _____
   Physical Address: _____ Ownership %: 0.00
2) Name: _____ SSN*: _____ DOB: _____
   Physical Address: _____ Ownership %: 0.00
3) Name: _____ SSN*: _____ DOB: _____
   Physical Address: _____ Ownership %: 0.00
4) Name: _____ SSN*: _____ DOB: _____
   Physical Address: _____ Ownership %: 0.00

Please provide a copy of a Driver's License, State-Issued ID Card, Passport, or Alien ID Card for each owner.

Section II – Managerial Control

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including: an executive officer or senior manager (ex: CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer) or any other individual who regularly performs similar functions.

1) Name: _____ Title: _____ SSN*: _____
   Physical Address: _____ DOB: _____

Please provide a copy of a Driver's License, State-Issued ID Card, Passport, or Alien ID Card for individual.

The information I have provided is correct to the best of my knowledge. NB&T will be notified if there is any change to the beneficial ownership information.

X_____ Date: _____
Natural person opening/changing the loan

*US Persons must provide a Social Security Number. Non-US Persons must provide a SSN, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.